

1	2	3	27
2	0	4	
3			
1	1	8	28
2			
3			

CASE #	14-01188		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	03	OBJECT STRUCK	

TRIBAL RESERVATION				TOTAL # OF UNITS		03		OBJECT STRUCK			
M M D D Y Y Y Y		TIME (2400)		COUNTY #		MILES		N S E W		IN OF CITY #	
DATE OF COLLISION		05 - 20 - 2014		1900		31				0664	

ON (PRIMARY TRAFFIC WAY) <input checked="" type="checkbox"/> INTERSECTION <input checked="" type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>		BLOCK NO. <input checked="" type="checkbox"/> 10900
<div style="border: 1px solid black; padding: 2px;">LAKE VIEW DR</div>		MILE POST <input type="checkbox"/>
DISTANCE <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div> MILES <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> N <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> E <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> OF (REFERENCE OR CROSS STREET)		
FEET <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> S <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> W <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="border: 1px solid black; padding: 2px 20px;">CEDAR RD</div>		

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ **DAMAGE THRESHOLD MET** YES ☒ NO ☐ **PHONE** **D: 4253598109**

LAST NAME	SIMONEAUX	FIRST NAME	RUSSELL	MIDDLE INITIAL	A
-----------	------------------	------------	----------------	----------------	----------

STREET
NEW ADDRESS ☐ **232 91ST AVE SE**

CITY	LAKE STEVENS	ST	WA	ZIP	982583308
------	--------------	----	----	-----	-----------

GDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	SIMONRA332PP	STATE	WA	SEX	M	D.O.B. MMDDYYYY	10	-	17	-	1967
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
----------------------------------	--------	----------	----------	---------	------------	----------------	--------------------

LICENSE PLATE #	B10033G	STATE	WA	VIN#	1FTSW31F72ED61016
--------------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
--------------------	--	-------	--	--------------------	--	-------	--

VEH. YEAR 2002	MAKE FORD	MODEL F3PU	STYLE PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------------------	------------------	-------------------	-----------------	--	----------	--

REGISTERED OWNER INFO. RUSSELL SIMONEAUX 8309 82ND ST NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA 0824268
----------------------------------	-------------------------------------	----------------------------	------------------

VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253342706**

LAST NAME	RABE	FIRST NAME	DENNIS	MIDDLE INITIAL	C
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STREET
NEW ADDRESS ☐ **12015 29TH PL NE**

CITY	LAKE STEVENS	ST	WA	ZIP	982589177
------	--------------	----	----	-----	-----------

CGL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	RAB*DC292K9	STATE	WA	SEX	M	D.O.B. MMDDYYYY	05	-	29	-	1971
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES HEAD AND NECK PAIN, TRANSPORTED
----------------------------------	--------	--------	---	--------	---	-------	---	------------	--	--------------	---	--

LICENSE PLATE #	B37226R	STATE	WA	VIN#	1FTEF25H3MPA24286
--------------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
--------------------	--	-------	--	--------------------	--	-------	--

VEH. YEAR 1991	MAKE FORD	MODEL F250	STYLE PK	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY GRANITE FALLS TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------------------	------------------	-------------------	-----------------	--	--------------------------------------	--

LIABILITY INSURANCE	<input checked="" type="checkbox"/>	INSURANCE CO #801197	GARRISON PROP & CASUALTY 007768011R
----------------------------	-------------------------------------	-----------------------------	--

LARSEN CITY INSURANCE IN EFFECT		<input checked="" type="checkbox"/>		& POLICY #		GARRISON PROP & CASUALTY 00768017R			
VEHICLE LEGALLY		YES	NO	CITATION #				CHARGE	

OFFICER'S NAME (PRINT) KERRY BERNHARD	BADGE OR ID # 120	AGENCY WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

CASE #

14-01188

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SIMONEAUX DANIEL A																	
ADDRESS & PHONE #		8309 82ND ST NE MARYSVILLE WA 98270						SEX	M	D.O.B. MMDDYYYY	08	-	04	-	1997				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		SIMONEAUX ANTHONY J																	
ADDRESS & PHONE #		8309 82ND ST NE MARYSVILLE WA 98270						SEX	M	D.O.B. MMDDYYYY	11	-	22	-	2003				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	7	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY		-		-					
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 5/20/2014 at approximately 1900 hours, Unit 3 was traveling eastbound on Lake View DR in the City of Lake Stevens. At the intersection of Cedar Rd, Unit 3 stopped in the roadway while waiting for traffic to pass in order to make a left turn onto Cedar Rd. Unit 2 was travelling eastbound directly behind Unit 3. Unit 1 was travelling eastbound behind Unit 2. Unit 2 stopped behind Unit 3. Unit 1 did not stop and truck Unit 2 from behind forcing it forward into the back of Unit 3.

The driver of Units 1 and 3 reported no injuries. The driver of Unit 2 was transported by Aide for complaints of head and neck pain. Unit 2 and 3 were towed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

05-21-14 01:54 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

5/21/2014 8:54:55 AM

BADGE OR ID #

120

ORI #

WA0311900

TIME POLICE DISPATCHED

7:01 PM

TIME POLICE ARRIVED

7:04 PM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO.

CASE # 14-01188

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY
TYPE

CARRIER
NAME

CARRIER
ADDRESS

CITY

ST

ZIP

NAME
SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR
VEHICLE

☒

PEDAL-
CYCLE

☐

PEDESTRIAN

☐

PROPERTY
OWNER

☐

DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

HUGHES

FIRST NAME

KENNETH

MIDDLE
INITIAL

R

STREET
NEW ADDRESS

11335 36TH ST NE

CITY

LAKE STEVENS

ST

WA

ZIP

982588171

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

HUGHEKR406C8

STATE

WA

SEX

M

D.O.B.
MMDDYYYY

02

-

28

-

1960

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

☐

INJURY
CLASS

1

NATURE OF INJURIES

LICENSE
PLATE #

AMH0426

STATE

WA

VIN#

1HGFA165X8L079511

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2006

MAKE

HOND

MODEL

CIV4D

STYLE

4D

VEHICLE TOWED
YES ☒ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. KENNETH HUGHES 11335 36TH ST NE LAKE STEVENS WA 98258

SHADE IN DAMAGED AREA

LIABILITY INSURANCE
IN EFFECT

☒

INSURANCE CO
& POLICY #

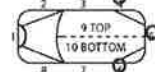
STATE FARM 121 6626-C20471

VEHICLE
LEGALLY
STANDING

YES ☒ NO ☐

CITATION #

CHARGE



UNIT #

MOTOR
VEHICLE

☐

PEDAL-
CYCLE

☐

PEDESTRIAN

☐

PROPERTY
OWNER

☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

☐

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

SHADE IN DAMAGED AREA

LIABILITY INSURANCE
IN EFFECT

☐

INSURANCE CO
& POLICY #

VEHICLE
LEGALLY
STANDING

YES ☐ NO ☐

CITATION #

CHARGE



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.065)

KERRY BERNHARD

05-21-14 01:54 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE
OR ID #

120

ORI
#

WA0311900

APPROVED BY
MINER

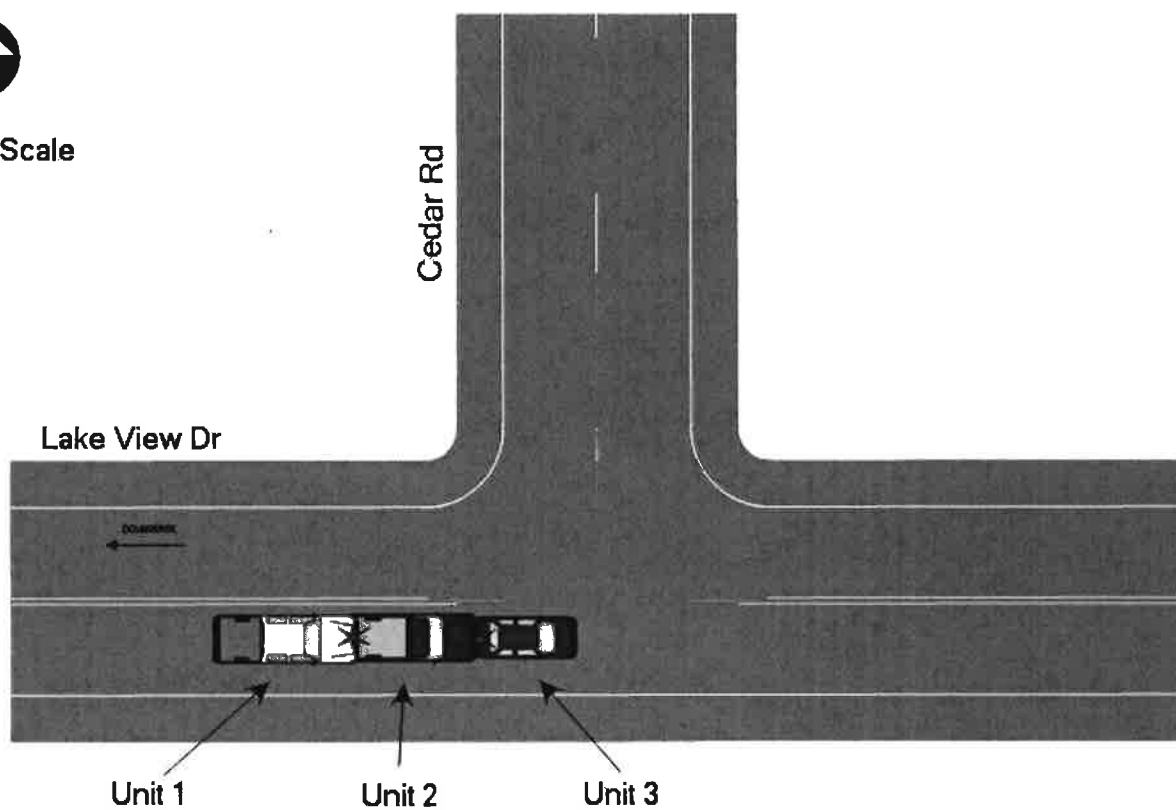
DATE
5/21/2014

PAGE 3

OF 4



Not To Scale



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-801188

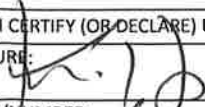
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE) Hughes Kenneth R	RACE W	ETH	SEX M	DOB 2/28/60	AGE 54	HGT 5'10"	WGT 215	HAIR Br	EYES H21
STREET ADDRESS 11335 36th ST NE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE		CELL PHONE (425) 760-7507			PLACE OF EMPLOYMENT The Sutor Group					
WORK PHONE (425) 760-990-1600		EMAIL ADDRESS Ken@Sutorgroup.com								

I, Kenneth R Hughes, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was stopped on 20th ST NE headed east to turn North onto Cedar ST when I was struck from behind by a pickup that was struck from behind by another pickup the force pushed my vehicle ^{Approx} 100 ft past where I was stopped

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 5/20/14	LOCATION SIGNED Lake Stevens WA
OFFICER/NUMBER: K. BERNHARD #720	DATE SIGNED 5-20-14	LOCATION SIGNED LAK STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-01188

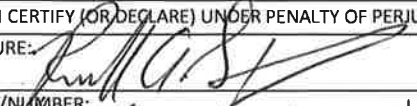
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Simoneaux, Russell A	RACE W	ETH	SEX M	DOB 10/17/67	AGE 46	HGT 5'11"	WGT 350	HAIR Brn	EYES Brn
STREET ADDRESS 8309 82nd St. NE		CITY Marysville			STATE WA	ZIP 98270	RES. STATUS Res.			
HOME PHONE (425) 359-8109		CELL PHONE (425) 359-8109			PLACE OF EMPLOYMENT Self					
WORK PHONE (425) 359-8109		EMAIL ADDRESS russ@maycreek.net								

I, Russell Simoneaux, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, ~~PROPERTY~~, AND/OR SUCH ASSET(S) UNDER MY CONTROL, NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling on Lakeview Dr when traffic came to a complete stop. I ~~was~~ was unable to come to a stop before hitting the Ford Pickup in front of me (Lic. Plate # B37226R) Air Bag Did not deploy in my truck. It appears that the Ford in front of me hit the car in front of him (A light blue Honda)

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 05/20/2014	LOCATION SIGNED Sight of Accident (Lk Stevens)
OFFICER/NUMBER: L. BERNHARD #120	DATE SIGNED 5-20-14	LOCATION SIGNED Lk. Stevens, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

CHECK ALL THAT APPLY:

- ☒ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ___ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM

CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

14-01188

VEHICLE INFORMATION

VIN

1 F T E F 2 5 H 3 M P A 2 4 2 8 6

LICENSE

B37226R

STATE

WASHINGTON

YEAR

1991

MAKE

FORD

MODEL

F250

☐ Report of Sale

 MILEAGE ☐ Digital
 UNREADABLE

 STYLE
 PICKUP

COLOR

DARKBLUE

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI)

RABE, DENNIS C

NAME (LAST, FIRST, MI)

RABE JR, DENNIS C

NAME (LAST, FIRST, MI)

Same

STREET ADDRESS

12015 29TH PL NE

STREET ADDRESS

12015 29TH PL NE

STREET ADDRESS

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 982589177

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

CITY, STATE, ZIP CODE

PHONE

(425)334-2706

DOB

5/29/1971

PHONE

PHONE

AUTHORIZATION AND RECEIPT

 ON 5/20/2014 AT 19:46 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
 (DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED

GRANITE FALLS

5705-002

DRIVEN BY

BLACKBURN

TO REMOVE THIS VEHICLE FROM

10900 LAKE VIEW DR/CEDAR RD

(DRIVER'S PRINTED FIRST AND LAST NAME)

(LOCATION)

EQUIPMENT

DAMAGE

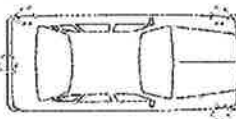
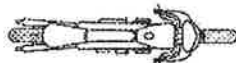
EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

- ☒ [1] KEYS
☐ LOCKED TRUNK
☐ LOCKED GLOVE BOX
☐ LOCKED CENTER CONSOLE
☐ AUTO STEREO
☐ [] DISC(S)
☐ HANDS FREE DEVICE
☐ GPS
☐ RADAR / LIDAR DETECTOR
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER

- ☒ FRONT
☒ R FRONT
☐ R SIDE
☐ R REAR
☒ L FRONT
☐ L SIDE
☒ L REAR
☒ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER

SHADE DAMAGED AREA



INVENTORY

NARRATIVE OR DIAGRAM

(List reasons(s) for impound.)

 Vehicle rear ended colliding with vehicle in front of.
 Undriveable. Removed from roadway.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC SIGNATURE

Kerry Bernhard

SNOHOMISH, WA

COUNTY, WA

120

BADGE NO.

Lake Stevens PD

AGENCY

CHECK ALL THAT APPLY:

- ☒ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ___ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

14-01188

VEHICLE INFORMATION

VIN 1HGF A165X6L079511				
LICENSE AMH0426	STATE WASHINGTON	YEAR 2006	MAKE HONDA	MODEL CIV4D
<input type="checkbox"/> Report of Sale	MILEAGE DIGITAL UNREADABLE	<input checked="" type="checkbox"/> Digital	STYLE 4-DOOR SEDAN	COLOR DARKBLUE
DRIVER		REGISTERED OWNER		LEGAL OWNER
NAME (LAST, FIRST, MI) HUGHES, KENNETH R		NAME (LAST, FIRST, MI) HUGHES, KENNETH R		NAME (LAST, FIRST, MI) Same
STREET ADDRESS 11335 36TH ST NE		STREET ADDRESS 11335 36TH ST NE		STREET ADDRESS
CITY, STATE, ZIP CODE LAKE STEVENS, WA 982588171		CITY, STATE, ZIP CODE LAKE STEVENS, WA 98258		CITY, STATE, ZIP CODE
PHONE	DOB	PHONE	PHONE	

AUTHORIZATION AND RECEIPT

ON 5/20/2014 AT 19:41 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
 (DATE) (24 HOURS)
 IN THE DESCRIBED VEHICLE, I AUTHORIZED GRANITE FALLS TOWING 5706-002
 (TOWING FIRM) (DOL TRUCK NO.)
 DRIVEN BY BLACKBURN TO REMOVE THIS VEHICLE FROM 10900 LAKE VIEW DR/CEDAR RD
 (DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input checked="" type="checkbox"/> [1] KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER	<input type="checkbox"/> FRONT SHADE DAMAGED AREA <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input checked="" type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input checked="" type="checkbox"/> L REAR <input checked="" type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER		

INVENTORY

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

Vehicle rear ended in collision. Undriveable, removed from roadway.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC
SIGNATURE

Kerry Bernhard

SNOHOMISH, WA

COUNTY, WA

120

BADGE NO.

Lake Stevens PD

AGENCY

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>K. BERNHARD #120</i>		Case Number <i>14-01188</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>ACCIDENT</i>		Date/Time: <i>5-21-14 0703</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			
Item # <i>KB-1</i> Action # <i>3</i>	Item <i>PHOTO CD</i>		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name <i>LSPD</i>		Address		City	State
				Zip	Phone #
				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions <i>#120</i>					
Item # Action #	Item		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					
Item # Action #	Item		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					
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Owner Signature/Other remarks /additional information/ special instructions					
Item # Action #	Item		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					
Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/> Date:		CAD/RMS Checked	
Name: _____ # _____		NCIC/WACIC + Date:		Owner Letter Sent:	
Date: _____ Time: _____		NCIC/WACIC - Date:		Owner Letter Sent:	
				ROUTING: _____	
				White: Property Room	
				Yellow: Case File	

Incident History for: #SS14009417 Xref: #AG14001405

Case Numbers: \$SS14001188

Received 05/20/14 19:00:35 BY SPDF24 SP0356
Entered 05/20/14 19:01:22 BY SPDF24 SP0356
Dispatched 05/20/14 19:01:37 BY SPDP17 SP0339
Enroute 05/20/14 19:01:37
Onscene 05/20/14 19:04:21
Closed 05/20/14 20:11:04

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377G-6 Group: SS1 Beat: NORT

Src: T

Loc: 10927 20 ST NE , LKS btwn CEDAR RD & 112 DR NE (V)

Latitude: (+) 48.015339 Longitude: (-) 122.083597

Loc Info:

Name: JOHNSON, MARSHA

Addr:

Phone: 4257607507

/1901 (SP0356) ENTRY , 3 VEH ACC, UNK INJ
/1901 (SP0339) DISPER 19N1 #SS131 WELLS, OFCR (CHAD)
/1901 (SP0308) SUPP LOC: 20 ST NE/CEDAR RD , LKS,
NAM: JOHNSON, MARSHA,
PHO: 4253344959,
TXT: AC, J/O, HEARD ONLY ACC, NFI, RP'S HUSB GOI
NG OUT TO GET FURTHER
/1901 (SP0339) ASSTER 19N2 #SS112 WARBIS, OFFICER (STEVE)
/1901 (SP0356) SUPP NAM: HUGHES, KEN,
TXT: BLU HONDA CIVIC VS. BLK FORD TK VS. WHI FOR
D TK
/1902 (SP0339) ASSTER 19N3 #SS120 BERNHARD, OFFICER (KERRY)
/1903 (SP0326) SUPP TXT: RP CB, SAYS THE GUY IN THE MIDDLE IS INJ' D U
NK HOW BAL T/MVC
/1904 (SP0339) ONSCNE 19N3
/1904 MISC 19N3 , BLKING EB LANES
/1907 \$PREMPT 19N1
/1910 ASSTER 19N1 [10927 20 ST NE , LKS]
#SS131 WELLS, OFCR (CHAD)
/1914 ONSCNE 19N2
/1916 (SS120) *ASNCAS 19N3 \$SS14001188
/1923 (*****) REMINQ 19N3 B37226R
/1923 (SP0339) REMINQ 19N3 LIC, 19N3, B37226R, , ,
/1924 (SS131) *ONSCNE 19N1
/1925 (SP0339) MISC 19N1 , 05/20/14 19:25:17 Message From: 19N1
/1925 MISC 19N1 , CHANGE MY LOCATION TO ROUNDABOUT 20-
/1925 MISC 19N1 , CALLOW-VERNON PLZ. EASTBOUND 20TH NE SH
/1925 MISC 19N1 , UT DOWN. THX!
/1925 ONSCNE 19N1 [20/CALLOW RD]
, ROUNDABOUT
/1928 ROTREQ 19N3 TOW 5705 LKS TOP NOTCH TOWING
3605688877
/1934 (SS120) REMINQ 19N3 MDTWANT, RABE, DENNIS, C, 052971, , , WA, , , , , , , , , , ,
/1935 REMINQ 19N3 MDTVEH, B10033G, , WA, , , , , , , , , , ,
/1935 REMINQ 19N3 MDTWANT, , , , , , WA, SIMONRA332PP, , , , , , , , , , ,
/1935 REMINQ 19N3 MDTVEH, AMH0426, , WA, , , , , , , , , , ,
/1936 REMINQ 19N3 MDTWANT, , , , , , WA, HUGHEKR406C8, , , , , , , , , , ,
/1936 (SP0320) MISC 19N3 , TOW OS
/1957 CLEAR 19N3 D/H
/1959 (SS131) *CLEAR 19N1 D/D
/2011 (SP0339) CLEAR 19N2 D/H

